

216021769
100496

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 094	Agency Case No. B6-047267	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/29/2016		(In Military Time) TIME OF ACCIDENT 1455	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1500	05/29/2016					
B 90	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 17th		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION						
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
			135.00	X	South St.					
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M 06	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
VEHICLE NO. 1										
F 1	DRIVER LICENSE NO.	H13388895		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 1	DRIVER	TAYLOR R DAVIS		PHONE	402-870-0548					
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/06/1993					
G 2	OWNER	GARY J DAVIS (4-2-73) / Rebecca A DAVIS (11-13-76)		PHONE	402-374-1971					
OWNER ADDRESS		CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.				
916 N STREET, TEKAMAH, NE 68061										
H 5	LICENSE PLATE	TE	NO. 31223	YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V1/O 2	VEHICLE	2001	MAKE Chevrolet	MODEL S14	BODY STYLE Pickup truck	COLOR maroon / burgundy				
V2/O 1	VEHICLE ID NO. (VIN)	1GCDT13W31K194298		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1000					
TOWED TO		TOWED BY		INSURANCE COMPANY	FARMERS MUTUAL					
				POLICY NO.	AU292436					
VEHICLE NO. 2										
I 1	DRIVER LICENSE NO.	K081837747		STATE (Of License)	OK	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P 1	DRIVER	GRAHAM S LATIMER		PHONE	405-326-9505					
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/29/1986					
1616 GLACIER LN, EDMOND, OK 73003										
J 01	OWNER	MARTIN P LATIMER (9-9-57) / ELLEN B LATIMER (10-18-57)		PHONE	405-285-5355					
OWNER ADDRESS		CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.				
1616 GLACIER LN, EDMOND, OK 73003						LB512118				
V1/Q 3	LICENSE PLATE	PA	NO. 203BZN	YEAR (Plate Expires)	2016	STATE (Of Plate)				
V2/Q 3	VEHICLE	2001	MAKE Saturn	MODEL SL1	BODY STYLE 4 door Sedan	COLOR green				
VEHICLE ID NO. (VIN)		1G8ZH52891Z301583		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1500					
TOWED TO		TOWED BY		INSURANCE COMPANY	FARMERS					
				POLICY NO.	191243044					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

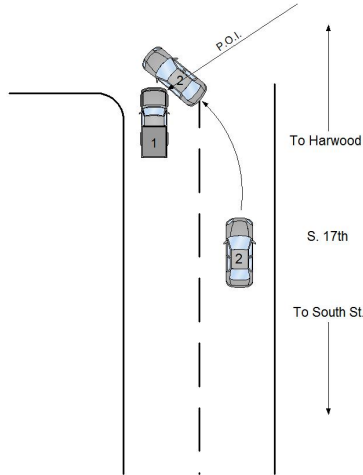
AGENCY CASE NO.
B6-047267



Indicate
North
by Arrow



POI: 135 ft. north of the
north curb of South St.
6 ft. east of the west curb
of S. 17th



Not Drawn to
Scale/Measurements
Approximate

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was traveling NB on S. 17th/South-Harwood in the left lane of traffic. V2 was traveling NB at the same location in the right lane of traffic, slightly ahead of V1. V2 attempted to make a left turn into the parking lot of 2045 S. 17th, from the right lane, in front of V1. When V2 attempted to make the left turn, the right front of V1 collided with the left side of V2. D2 stated he didn't realize S. 17th was a one way street when he made the turn.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)											
1	X				S. 17TH	VEHICLE 1		VEHICLE 2		4		2		1		1	
2	X				S. 17TH	POINT OF IMPACT	02	POINT OF IMPACT	03					ALCOHOL TESTING		Driver No. 1	Driver No. 2
1	01	06 Turning left				MOST DAMAGED AREA	02	MOST DAMAGED AREA	03	1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED		Y	Y
2	06	08 Entering traffic lane								2 Deployed - side		2 Lap & shoulder belt used		N		X	N
01 Essentially straight ahead						00 None				3 Deployed - both front/side		3 Shoulder belt only used		BAC LEVEL			
02 Backing						09 Top & windows				4 Not deployed		4 Lap belt only used		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	
03 Changing lanes						10 Undercarriage				5 Not applicable/ No airbag available		5 Child safety seat used		1		1	
04 Overtaking/ Passing						11 Total (all areas)				6 Unknown		6 Child booster seat used		2 Yes - alcohol suspected			
05 Turning right						12 Other						7 DOT approved helmet used		3 Yes - drugs suspected			
13 Unknown												8 Costume helmet used		4 Yes - alcohol & drugs suspected			
												9 Restraint use unknown		5 Unknown			

OFFICER NO. 1663	TROOP/ TEAM/ BEAT NE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Aaron Bergren		INVESTIGATOR SIGNATURE Approved by Officer Aaron Bergren	DATE OF REPORT 05/29/2016